ATHEAD COUNTY ADDDESS DECLIEST ECDM

SET ATHEADO	This space for departmental use only:			
	Address Assignm	ent:		
	City, State, ZIP:_			
VITE OF MONTH	Assigned By:		D	ate:
CONTACT INFO	DRMATION			
Name of Property C	Owner:	Phone:		
Name of Contact:		Phone:		
PROPERTY INF	ORMATION			
Subdivision Name:_				
Block:	Lot/Tract:	Section:	Township:	Range:
Assessor Number:_		Tract ID:		
Type of Structure:				
REASON FOR AD REQUEST:	DDRESS	named road from which you acc	roperty in the space below (or on a cess your property, the approxima ld be considered when assigning y	te location of your driveway, and
☐ New Construction	on	any nearby addresses that should	ta ve considered when assigning yo	our address.
☐ Mobile Home				
☐ Additional Addr	ress or Units			
 Number of Ur 	nits:			
□ Other:				

This is your authorized proof of address. Be sure to use the exact address as stated above.

IMPORTANT NOTES

It is the responsibility of Flathead County GIS to evaluate new and existing road names and address numbers throughout the county. There may be future re-naming of roads and re-addressing of structures to comply with Flathead County, State of Montana, and Enhanced 911 National Emergency Numbering Association (NENA) guidelines. These changes facilitate the easy and rapid location of properties by law enforcement, fire protection services, search and rescue, and emergency medical services to protect public health and the safety of all persons living, working, or visiting in Flathead County. This address assignment is based solely upon the location provided by the Resident/Owner at the time of this application. If the structure and/or driveway access is mapped at a later time and found to be significantly different than where reported, the Flathead County GIS Department will issue a new address number for this structure. It shall be the duty of each property owner to post new property numbers in a viewable location, within 30 days following assignment of the address. You may be required to present this form to various agencies as proof of your address.

I confirm that I am or represent the property owner(s) and am authorized to obtain this address. I also understand that GIS staff may make an on-site visit to this property to accurately record the location and description of the structure for the Enhanced 911 database.

Owner/Authorized Property Agent	Application Date